

**SEMINOLE COUNTY
DISABILITY ADVISORY COUNCIL**

APPLICATION FOR COUNCIL APPOINTMENT

This information from this application will be used by the Seminole County Board of County Commissioners when considering appointments to the Seminole County Disability Advisory Council.

*** * PLEASE COMPLETE THE APPLICATION IN TYPE OR PRINT CLEARLY * ***

Note: A resume or separate sheet with additional information may be included, but will not be accepted as a substitute for the completed application. Any questions call Buddy Balagia @ 407-665-7379.

Return the completed application to:

**Seminole County Disability Advisory Council
1101 E. First Street
Sanford, FL 32771**

Date (Month/Day/Year) _____ **Social Security Number** _____

Name: _____
(Last) (First) (Middle)

Address: (H) _____ Zip _____
(W) _____ Zip _____

Phone: (H) (_____) _____ (W) (_____) _____

Place of Employment: _____

Job Title: _____ **Length of Employment** _____

I. EDUCATION

Name of School	Degrees(s) Earned
_____	_____
_____	_____
_____	_____

II. List of Advisory Boards (that you are currently actively involved)

III. State your experience, interests, or elements of your personal history that qualify you for appointment to the advisory board(s) you have chosen.

IV. List three persons who have known you well within the past five years. Include a current daytime telephone number and the capacity in which you have known them e.g., personal, business, supervisor. DO NOT LIST THE PERSON'S JOB TITLE AS THE CAPACITY.

Name	Phone Number	Capacity
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V. List any business, professional, civic, or fraternal organizations of which you are a CURRENT member.

VI. Are you a resident of Seminole County? YES ☐ NO ☐

VII. Are you a registered voter in Seminole County? YES ☐ NO ☐

VIII. County Commission District in which you reside: _____
(This information can be found on your voter's registration card.)

IX. Are you currently serving on a Seminole County Board? YES ☐ NO ☐
If "YES," please state the name of the board(s).

XIII. Have you ever served on a Seminole County Board? YES ☐ NO ☐
If "YES," please state the name of the board(s) and dates served.

**X. TELL IN YOUR OWN WORDS “WHY YOU WANT TO BE ON THE SEMINOLE COUNTY
DISABILITY ADVISORY COUNCIL”.**

Note: You are not required to answer the following questions. However, they are asked in order that boards, commissions, and authorities to which the Board of County Commissioners makes appointments may reflect the demographics of Seminole County.

A. Race: African-American (not of Hispanic Origin) ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐
Caucasian (not of Hispanic Origin) ☐ Hispanic ☐ Other (explain) ☐ _____

B. Sex: Male ☐ Female ☐

C. Date of Birth: _____

D. Handicapped: YES ☐ NO ☐
If “YES,” explain. _____

Signature of Applicant: _____ **Date:** _____

*** * * Applications will not be accepted without being completed and signed * * ***

FOR AGENDA DEVELOPMENT OFFICE USE ONLY

DATE RECEIVED: _____ **RECEIVED BY:** _____ **DATE SUBMITTED TO COUNCIL:** _____